

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
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**SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION CLASS III/IV/CLASS III
BURN SITE FOR JULY 1, 2006- JUNE 30, 2007**

I. **FACILITY LICENSE NUMBER**_____ **Tax ID Number**_____

II. **NAME OF FACILITY**_____

III. **FACILITY LOCATION**

Street or Route Number (**DO NOT USE P.O. BOX**)

City

State

Zip

County

IV. **MAILING ADDRESS**

Street or P.O. Box

City

State

Zip

V. **NAME OF LICENSEE**_____

VI. **CONTACT PERSON** (Person who may be contacted regarding operation of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name_____

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VII. **CONTACT INFORMATION**

(Work)_____ (Cell Phone)_____

(Fax)_____ (E-Mail)_____

VIII. MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

City

State

Zip

TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark an "X" next to the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	<input type="checkbox"/> Class II Landfill _____	_____
B.	<input type="checkbox"/> Class III Landfill or Burn Site	_____
C.	<input type="checkbox"/> Class IV Landfill	_____
D.	<input type="checkbox"/> Transfer Station	_____
E.	<input type="checkbox"/> Composting Facility	_____
F.	<input type="checkbox"/> Municipal Solid Waste Incinerator	_____
G.	<input type="checkbox"/> Infectious Waste Treatment Facility	_____
H.	<input type="checkbox"/> Soil Treatment Facility	_____
I.	<input type="checkbox"/> Resource Recovery Facility	_____

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No ()

Note:

No more than one landfill may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility

License Number in Section II.) _____

B. **SERVICE AREA** (List all areas served by your facility or system.) _____

C. **POPULATION OF SERVICE AREA** _____

D. **ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004** _____ Tons.

E. **FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004**

_____ #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____ Tons
e.g. packer truck

_____ #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = _____ Tons

Provide copies of waste measurement records (monthly summaries acceptable).

X. **QUESTIONNAIRE** (Answers provide information on the status of waste handling in the state.)

A. Do you operate a composting program? Yes () No ()

If yes, list the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

	WASTE		VOLUME OR TONS
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____

What composting method was used? (Windrows, static aerated piles, etc.) _____

Is this activity currently described in your operation and maintenance plan on file with the Department?

Yes () No ()

B. Do you provide drop off bins or storage for recyclable items? Yes () No ()

Check types of items you accepted and estimate weight or volume of the amount diverted.

Type	Weight or Volume
Aluminum	[] _____
Newspaper	[] _____
Plastic	[] _____
Tin Cans	[] _____
Magazines	[] _____
Electronic Devices	[] _____

Type	Weight or Volume
Glass	[] _____
Cardboard	[] _____
Plastic #2	[] _____
Other Plastic	[] _____
White/Office Paper	[] _____

- C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly and indicate any measurable success.

- D. Does your facility accept tires? Yes () No ()

1. Number of tires accepted for disposal _____
Maximum tons of tire waste stored above ground annually _____
Number of tires accepted for recycling _____
2. Approximate percentage of the total waste stream. _____%
3. Disposal fee per tire \$_____

- E. **Class IV Facilities Only:** Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department. Yes () No ()

- F. Largest open area anticipated at you facility for calendar year 2005. _____ acres

- G. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$_____

- H. How do you assess fees for disposal of solid waste? (Check methods that apply)

1. Tipping fee at gate
\$ _____/ton
\$ _____/cubic yard

And/or

2. Service charge/tax assessment _____
Annual residential rate \$ _____

3. Other (describe) _____

I. Estimate the remaining capacity of your facility in cubic yards. _____

J. Estimate the number of years remaining until your facility reaches capacity. _____

K. How are these estimates derived (engineering reports, acreage calculations, etc.)?

L. Has the design capacity or operating plan of your facility changed in the last five (5) years?
Yes () No ()

M. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2005.

Tonnage _____ **OR** **Cubic Yards** _____

N. Does your facility conduct open burning of clean wood wastes? Yes () No ()

Describe method used and frequency. _____

O. **Class IV Facilities Only:** Does your facility currently have storm water detention or retention ponds?
Yes () No ()

P. **Class IV Facilities Only:** Does your facility have a Montana Pollution Discharge Elimination Systems (MPDES) permit Yes () No ()

MPDES Permit Number _____

Q. How many employees (full time equivalent) work in your solid waste program? _____

How many hours of safety training did they receive last year? _____

Hazardous waste training? _____

Solid waste operators training? _____

R. Have you submitted an annual closure/post-closure plan update to the Department?
Yes () No ()

S. If not, by what date will you submit the update? _____ **(Required)**

T. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing such a list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use in mailing lists?** Yes () No ()

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature:_____

Print Name Here:_____

Title:_____ **Date:**_____

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.
